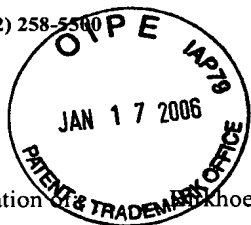


TELEPHONE (312) 258-5500



**SCHIFF HARDIN LLP**

PATENT DEPARTMENT  
6600 SEARS TOWER  
233 SOUTH WACKER DRIVE  
CHICAGO, ILLINOIS 60606

AF  
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Tfw

In re application of Khoeizer et al

CONFIRMATION NO. 7671.

Serial No.: 09/992,974

GROUP ART UNIT: 2154

Filed: November 19, 2001

EXAMINER: R. Refai

For: "MEDICAL SYSTEM ARCHITECTURE WITH A WORKSTATION AND A CALL SYSTEM"

**AMENDMENT "C" UNDER 37 C.F.R. § 1.116**

**MAIL STOP AF**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450  
SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED   |  |       |  |  |   |                          |
|---|--|-------|--|--|---|--------------------------|
|   | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA                    | (6)<br>RATE                                 | (7)<br>ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS   | 22   | MINUS | ** 22  | X  | ( ) X 9.00<br>( ) X 18.00                   |                          |
| INDEP.<br>CLAIMS  | * 1  | MINUS | 3  | X  | ( ) X 40.00<br>( ) X 80.00                  |                          |
| Application amended to contain<br>any multiple dependent claims<br>not previously paid for. |  |       |  | ( ) YES<br>( ) NO                          | ( ) \$135.00<br>( ) \$270.00<br>ONE<br>TIME |                          |
|   |  |       |  | TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT |   | \$0.00                   |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☒ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated September 15, 2005 for one (1) month so that the period for response is extended to January 15, 2006. A check in the amount of \$120.00 is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$120.00 is attached.

☐ A check for \$ \_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ \_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.  
When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on January 12, 2006.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

January 12, 2006

DATE